

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Data Management Section
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Monthly Report of Operation
Package Type Wastewater
Treatment Plants
(Pending Approval - 1/04)

Name of Facility										Permit Number									
Certified Operator: Name					Class					Certificate Number					Expiration Date				
Month:										Year									

General Information				Bypasses/ Overflows		Raw Wastewater						Aeration Tank					Final Effluent																												
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Inluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)		30 Minute Settling	MLSS	D.O.	WAS Gal.		Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	TSS (mg/l)	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Phosphorus (mg/l)	Ammonia (mg/l)																			
1																																													
2																																													
3																																													
4																																													
5																																													
6																																													
7																																													
8																																													
9																																													
10																																													
11																																													
12																																													
13																																													
14																																													
15																																													
16																																													
17																																													
18																																													
19																																													
20																																													
21																																													
22																																													
23																																													
24																																													
25																																													
26																																													
27																																													
28																																													
29																																													
30																																													
31																																													
Average																																													
Maximum																																													
Minimum																																													
Total																																													
Sludge Hauled Off Site (Gal):						<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>																																							
																										Signature of Certified Operator										Date									
																										Signature of Officer, Principal Executive, or Authorized Agent										Date									

Worksheet & Comments

Name of Facility	Month/Year
	Total Monthly Flow mg

MONTHLY REMOVAL SUMMARY			
	BOD5	S.S.	Phosphorus
Percent Removal			

Day of the Month	Influent Loading (Optional)			Effluent Loading			
	CBOD (lbs/day)	TSS (lbs/day)	Phosphorus (lbs/day)	CBOD (lbs/day)	TSS (lbs/day)	Phosphorus (lbs/day)	Ammonia (lbs/day)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Avg							
Max							
Min							

Enter Comments Below:

Phone Number:
E-mail Address (if available):

(SIGNATURE OF CERTIFIED OPERATOR)	(DATE)
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)	(DATE)